

<b>North Carolina 2021 Questionnaire Behavioral Risk Factor Surveillance System</b>
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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we	

					are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in__(state)____?	STATERE1	1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we	

					are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate;	Read: Thank you very much but we are only interviewing	

				OTHERWISE GO TO ADULT RANDOM SELECTION]	persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for	

					another survey in the future.	
<b>LL10.</b>	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure 99 Refused			
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female].	
<b>LL12</b>	The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. Are you the [Oldest/Youngest/ Middle//Male /Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	



<p><b>Transition to Section 1.</b></p>			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p>	
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## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CP01.</b>	Is this a safe time to talk with you?	SAFETIME	1 Yes 2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
<b>CP02.</b>	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes 2 No	Go to CP03 TERMINATE		
<b>CP03.</b>	Is this a cell phone?	CELLFON5	1 Yes 2 No	Go to CADULT1 TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
<b>CP04.</b>	Are you 18 years of age or older?	CADULT1	1 Yes 2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>CP05.</b>	Are you male or female?	CELLSEX	1 Male 2 Female 7 Don't Know/ Not sure	TERMINATE	Thank you for your time, your	

			9 Refused		number may be selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOU S	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or	

					other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in____(state)____?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts			

			26 Michigan			
			27 Minnesota			
			28 Mississippi			
			29 Missouri			
			30 Montana			
			31 Nebraska			
			32 Nevada			
			33 New			
			Hampshire			
			34 New			
			Jersey			
			35 New			
			Mexico			
			36 New York			
			37 North			
			Carolina			
			38 North			
			Dakota			
			39 Ohio			
			40 Oklahoma			
			41 Oregon			
			42			
			Pennsylvania			
			44 Rhode			
			Island			
			45 South			
			Carolina			
			46 South			
			Dakota			
			47 Tennessee			
			48 Texas			
			49 Utah			
			50 Vermont			
			51 Virginia			
			53			
			Washington			
			54 West			
			Virginia			
			55 Wisconsin			
			56 Wyoming			
			66 Guam			
			72 Puerto			
			Rico			
			78 Virgin			
			Islands			

			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
<b>CP11.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to			

			<p>answer any question you do not want to, and you can end the interview at any time.</p> <p>Any information you give me will not be connected to any personal information.</p> <p>If you have any questions about the survey, please call (give appropriate state telephone number).</p>			
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## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHS.01</b>	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	



<b>CHD.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

## Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	***NEW***	<u>Read if necessary:</u>  01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program		If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.	

			88 No coverage of any type  77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person or a group of doctors that you think of as your personal health care provider?	***NEW***	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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NC Module 1: Adult Insurance:

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC01Q01	In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?	If CHCA.01 ≠ 77   88   99 (R has insurance) 1 Yes 2 No 7 DK/NS 9 Refused	Go to Next Section Go to Next Section Go to Next Section Go to Next Section	
NC01Q02	About how long has it been since you last had health care coverage?	If CHCA.01 = 77   88   99 (R does NOT have insurance) 1 Six months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never 7 DK/NS 9 Refused		

## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4	1 Yes		If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don't know / Not sure 9 Refused	Go to next section		
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <del>blood</del> cholesterol checked?	CHOLCHK2	1 Never	Go to next section.		
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			

			7 Don't know/ Not sure 9 Refused	Go to next section		
C06.02	Have you ever been told by a doctor, nurse or other health professional that your <del>blood</del> cholesterol is high?	<del>TOLDHI2</del>	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 No 7 Don't know / Not sure 9 Refused	<del>Go to next section.</del>		
C06.03	Are you currently taking medicine prescribed by your doctor or other health professional for your <del>blood</del> cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.	



## Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No			

			7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	

<b>CCHC.11</b>	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>CCHC.12</b>	How old were you when you were told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

## Core Section 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes		Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
C08.02	Has a doctor or other health professional	ARTHEXER	1 Yes 2 No		If the respondent is unclear about whether this	

	ever suggested physical activity or exercise to help your arthritis or joint symptoms?		7 Don't know / Not sure 9 Refused		means increase or decrease in physical activity, this means increase.	
<b>C08.03</b>	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>C08.04</b>	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment"	
<b>C08.05</b>	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications	

	or the amount of work you do?				or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
<b>C08.06</b>	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			

## Core Section 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM. 01</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
<b>CDEM. 02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you...  1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
<b>CDEM. 03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

			Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	
				If using Sex at Birth Module, insert here If using SOGI module, insert here.		
<b>CDEM.05</b>	Are you...	MARITAL	Please read: 1 Married			



			2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
<b>CDEM. 06</b>	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
<b>CDEM. 07</b>	Do you own or rent your home?	RENTHO M1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the	

					majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
<b>CDEM. 08</b>	In what county do you currently live?	CTYCODE 2	_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
<b>CDEM. 09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
<b>CDEM. 10</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have	NUMHHO L3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		

	more than one telephone number in your household?					
<b>CDEM. 11</b>	How many of these telephone numbers are residential numbers?	NUMPHO N3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
<b>CDEM. 12</b>	How many cell phones do you have for personal use?	CPDEMO1 B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	
<b>CDEM. 13</b>	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN 3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	

<b>CDEM. 14</b>	Are you currently ...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say “select the category which best describes you”.	
<b>CDEM. 15</b>	How many children less than 18 years of age live in your household?	CHILDREN	__ _ Number of children 88 None 99 Refused			
<b>CDEM. 16</b>	Is your annual household income from all sources—	***NEW**	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)?	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code ‘99’ (Refused)	

			10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or <b>YEARBORN &lt; 1972 (Age &gt;49)</b>		
<b>CDEM. 17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM. 18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
<b>CDEM. 19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

## Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty	DIFFDRES	1 Yes 2 No			

	dressing or bathing?		7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			
<b>CTOB.03</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
				Go to CTOB.05		



	to-quit smoking?					
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	

## NC Module 2: Lifetime E-Cigarette Usage

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC02Q01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	1 Yes		Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.  Interviewer note: These questions concern electronic vaping products for nicotine use. The
		2 No 7 DK/NS 9 Refused	Go to CALC.01	

				use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.
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## Core Section 11: Tobacco Use (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.04	Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?	***NEW***	1 Every day 2 Some days 3 Not at all 4 Never smoked e-cigs 7 Don't know / Not sure 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.  Interviewer note: These questions concern	

					electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
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## Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	

	drinks did you drink on the average?					
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

## Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
<b>CIMM.02</b>	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? <b>If the respondent indicates that it was a drive through</b>	

			04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive through location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	
<b>CIMM.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

## Core Section 14: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHIV.01</b>	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
<b>CHIV.02</b>	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	

## Core Section 15: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p>	



					Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.	
CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends."  Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	
CFV.03	How often did you eat a green leafy or lettuce salad, with or	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month		Enter quantity in times per day, week, or month. If respondent gives a number without a time	

	without other vegetables?		555 Never 777 Don't Know 999 Refused		frame, ask "Was that per day, week, or month?"  Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except	

					fried. Include potatoes au gratin, scalloped potatoes.”	
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”</p> <p>Read if respondent asks about what to include: “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.”</p>	

## CDC Optional Modules

### Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.11, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>M01.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
				Skip if CCHC.11, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)		
<b>M01.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M02.01</b>	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M02.02</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year  888 Never  777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	

<b>M02.03</b>	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year 555 No feet  888 Never  777 Don't know / Not sure 999 Refused			
<b>M02.04</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			
<b>M02.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
<b>M02.06</b>	About how many times in the past 12 months has a health professional checked your feet for any	FEETCHK	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure	If M02.03 = 555 (No feet), go to M02.07		

	sores or irritations?		99 Refused			
<b>M02.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
<b>M02.08</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M02.09</b>	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## Module 8: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				These questions may be added in mid-year 2021 after vaccinations are available		
<b>MCOR.01</b>	Since [DATE OF VACCINE AVAILABILITY], have you had a COVID-19 vaccination?	***NEW***	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>MCOR.02</b>	How many COVID-19 vaccinations have you received?	***NEW***	1 One 2 Two or more 7 Don't know / Not sure 9 Refused			
<b>MCOR.03</b>	During what month and year did you receive your (first) COVID-19 vaccination?	***NEW***	-- / ---- Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused		If respondent indicated only one vaccine do not read word "first"	
<b>MCOR.04</b>	At what kind of place did you get your (first) COVID-19 vaccination?	***NEW***	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department		If respondent indicated only one vaccine do not read word "first"	



			03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
				If MCOR2 =1, 7,9 go to next section		
<b>MCOR.05</b>	During what month and year did you receive your second COVID-19 vaccination?	***NEW***	-- / ---- Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
<b>MCOR.06</b>	At what kind of place did you get your second COVID-19 vaccination?	***NEW***	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department			

			03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
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## NC Module 3: Reason not received COVID Vaccination

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			This module will be added when CDC COVID Vaccination optional module is deployed.	
			If MCOR.01 = 1, 7 or 9 Go to next section	
NC03Q01	What is the MAIN reason you have NOT received a COVID19 vaccination?	<p><b>Do <u>NOT</u> read answers. Select category that best matches response.</b></p> <p>01 NEED: Already had COVID19, do not need vaccine</p> <p>02 NEED: R believe s/he does not need vaccine (e.g. COVID is not serious disease, not real, etc.)</p> <p>03 CONCERN: Not sure COVID vaccine is safe</p> <p>04 CONCERN: Worried about side effects.</p> <p>05 CONCERN: Does not trust vaccines in general</p> <p>06 CONCERN: Waiting to see how well vaccine works</p> <p>07 ACCESS: Too inconvenient to get</p> <p>08 ACCESS: Tried, but could not get vaccine</p> <p>09 ACCESS: Costs too much</p> <p>10 ACCESS: Not available yet for people like me (e.g. R is younger, lower risk)</p> <p>14 Other, please specify (NCXXq01ot)</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>		

## Module 16: Home/ Self-measured Blood Pressure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?	HOMBPCCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
M16.02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?	HOMRGCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next module		
M16.03	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	WHEREBP	1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused			
M16.04	How do you share your blood pressure numbers that you collected with your health	SHAREBP	Do not read: 1 Telephone 2 Other methods such as email, internet			

	professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?		portal, or fax, or 3 In person			
			Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused			

## Module 19: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M19.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	
			2 No	Go to M19.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M19.09		
<b>M19.02</b>	What is his or her relationship to you?	CRGVREL3	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	

## NC Module 4: Age of Person Receiving Care

Question Number	Question Text	Responses	Skip Info/CATI Note	Interviewer Notes
			If M19.01 = 8 then go to next module	
NC04Q01	How old is the person to whom you are giving care?	___ Code age in years [0-115] 777 DK/NS 999 Refused	Go to M19.03	If more than one person, ask "What is the age of the person to whom you are giving the most care?"

## Module 19: Caregiver (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M19.03</b>	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			
<b>M19.04</b>	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more			

			Do not read: 7 Don't know/Not sure 9 Refused			
<b>M19.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones	If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		



			14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
<b>M19.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
<b>M19.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M19.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
				If M19.01 = 1 or 8, go to next module		

<b>M19.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
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## Module 23: Firearm Safety

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.					
<b>M23.01</b>	Are any firearms now kept in or around your home?		1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>M23.02</b>	Are any of these firearms now loaded?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>M23.03</b>	Are any of these loaded firearms also unlocked?		1 Yes 2 No 7 Don't know/ not sure		By unlocked, we mean you do not need a key or a combination or a	

			9 Refused		hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.	
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## Module 28: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer	551

					with either the number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	552

<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation –	553
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					<p>straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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## State-Added Questions

### NC Module 5: Secondhand Smoke

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC05Q01	The next questions are about exposure to secondhand smoke.  On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?	___ N. of days (1-7) 55 Did not work in past 7 days 66 Do not work indoors most of the time 88 None 77 DK/NS 99 Refused	If (CDEM.14 > 2) Go to NC2Q02 (R not employed or Self-employed)	
NC05Q02	On how many of the past 7 days, did anyone smoke in your home while you were there?	___ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		
NC05Q03	Do you currently live in a ...	Please read: 1 Detached single-family home (does not share an interior wall) 2 Apartment, condominium, or townhome sharing a wall with another unit 3 A dorm, fraternity /sorority house, or 4 Other type of housing Do not read: 7 DK/NS 9 Refused		
NC05Q04	On how many of the past 7 days, did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?	___ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		



## NC Module 6: Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC06Q01	During the past 30 days, did you smoke cigars, cigarillos, or little cigars?	1 Yes 2 No 7 DK/NS 9 Refused		
NC06Q02	During the past 30 days, have you used a hookah or water pipe?	1 Yes 2 No 7 DK/NS 9 Refused		

## NC Module 7: Smoking Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CTOB.01>1 OR CTOB.02 >2) go to next module (R does not smoke)	
NC07Q01	These next questions are about quitting smoking.  In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?	1 Yes 2 No 7 DK/NS 9 Refused		
NC07Q02	Did your doctor or health provider recommend medications and/or discuss methods and strategies other than medication (such as referrals to Quitline, counseling opportunities, or educational materials such as booklets or pamphlets) to assist you to quit smoking?	1 Yes, medications 2 Yes, methods other than medications 3 Yes, both medications & methods other than medications 4 No 7 DK/NS 9 Refused		
			If CTOB.02 >2 go to next module	

NC07Q03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	1 Yes 2 No 7 DK/NS 9 Refused		
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## NC Module 8: Sugar Sweetened Beverages

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC08Q01	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		
NC08Q02	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		

## NC Module 9: Use of Trails and Greenways

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC09Q01	Does your community have trails, greenways, bike paths, or sidewalks for biking, walking, or other activities?	1 Yes 2 No 7 DK/NS 9 Refused	Go to next module Go to next module Go to next module	
NC09Q02	How often do you use these for biking, walking or other activities? Would you say	Please read 1 At least once a week 2 At least once a month 3 A few times per year 4 Never Do not read 7 DK/NS 9 Refused		

## NC Module 10: Depression and Anxiety

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC10Q01	Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day.  Do not read:  7 Don't know/ Not sure 9 Refused		
NC10Q02	Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day.  Do not read:  7 Don't know/ Not sure 9 Refused		
NC10Q03	Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day.  Do not read:  7 Don't know/ Not sure 9 Refused		
NC10Q04	Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?	Read: 1 Never, 2 for several days, 3 for more than half the days or		

	Would you say this happens...	4 nearly every day.  Do not read:  7 Don't know/ Not sure 9 Refused		
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## NC Module 11: Housing Insecurity

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC11Q01	During the past 12 months, was there a time when you were not able to pay your mortgage or rent?	1 Yes		
		2 No 7 DK/NS 9 Refused	Go to NC11Q03	
NC11Q02	During the past 12 months, did you have to move because you were not able to pay your mortgage or rent?	1 Yes 2 No 7 DK/NS 9 Refused		
NC11Q03	During the past 12 months, was there a time when you were not able to pay your utility bills?	1 Yes 2 No 7 DK/NS 9 Refused		

## NC Module 12: Food Insecurity

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC12Q01	I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was <b>often true</b> , <b>sometimes true</b> , or <b>never true</b> for your household in the last 12 months.			

	<p>“We worried whether our food would run out before we got money to buy more.”</p> <p>In the last 12 months, was that ...</p>	<p><b>Read:</b></p> <p>1 <b>Often</b> True</p> <p>2 <b>Sometimes</b> True</p> <p>3 <b>Never</b> true</p> <p><b>Do NOT read:</b></p> <p>7 DK/NS</p> <p>9 Refused</p>		
NC12Q02	<p>“The food that we bought just didn’t last, and we didn’t’ have money to get more.” In the last 12 months, was that ...</p>	<p>1 <b>Often</b> True</p> <p>2 <b>Sometimes</b> True</p> <p>3 <b>Never</b> true</p> <p><b>Do NOT read:</b></p> <p>7 DK/NS</p> <p>9 Refused</p>		

## NC Module 13: Reactions to Race

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC13Q01	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?	<p>Read:</p> <p>1 Worse than other races 2 The same as other races 3 Better than other races</p> <p>Do NOT Read</p> <p>4 Worse than some races, better than others 5 Only encountered people of the same race 6 No health care in past 12 months 7 DK/NS 9 Refused</p>		<b>If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."</b>
NC13Q02	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?	<p>Read:</p> <p>1 Worse than other races 2 The same as other races 3 Better than other races</p> <p>Do NOT Read</p> <p>4 Worse than some races, better than others 5 Only encountered people of the same race 6 No health care in past 12 months 7 DK/NS 9 Refused</p>		



NC13Q03	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?	1 Yes 2 No 7 DK/NS 9 Refused		
NC13Q04	Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?	1 Yes 2 No 7 DK/NS 9 Refused		
NC13Q05	How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?	1 White 2 Black or African American 3 Hispanic or Latino 4 Asian 5 Native Hawaiian or Other Pacific Islander 6 American Indian or Alaska Native 8 Some other group (please specify) <hr/> 7 Don't know / Not sure 9 Refused		<b>If the respondent requests clarification of this question, say:</b> “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.

## Closing Statement

### **Read**

**That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.**